PTOSSESS (CB.CO.)

Approved for use through 7.01.0000 (CB.CO.)

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Under the Peperwork Reduction Act of 1995, no persons are sequired to respond to a collection of information unless it displays a valid OMB control number.						
PATENT APPLICATION FEE DETERMINATION RECORD . Substitute for Form PTO-875				Application of Docket Number		
CLAIMS AS FILED - PART I , (Cotumn 1) (Cotumn 2) SMALL ENTITY			OR	other than small entity		
FOR NUMBER FILED NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(4))			3	OR		.690
107AL CLAIMS (97 GFR 1.16(c)) 34 colours 20 = -	14	x 4		OR	× •	252
(37 CFR 1.18(8))				OR	×	234
MULTIPLE DEPONDENT CLAIM PRESIDIT (27 CFR 1.14(4))		+8=		OR	+5	
" if the difference in column 1 is tess then zero, enter "O" in column 2.		TOTAL		OR	TOTAL	1176
CLAIMS AS AMENDED - PART II						
9-3-55 (Column 1) (Colu	Column 1) (Column 2) (Column 3)		SMALL ENTITY			R THAN ENTITY
CAJINS HIGH REMAINING NUMI AFTER PREVIC AMENDMENT PAID	BER PRESENT DUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	1 - 1	× 5 •		OR	**521	50
O de charitico 25	-0	K 1		OR	X 5	
FRIST PRESENTATION OF MATURE DEPENDENT CLAIM	•••		OR	+1		
		TOTAL ADD'L FEE		OR .	TOTAL ADOL FEE	50
EX 9 (Column 1) (Column 2) (Column 3)						
CLAUMS HIGH REMARKING NUMBER AFTER PREVIO AMENIOMENT PAGE	EST BER PRESENT XUSLY EXTRA	RATE	ADOL TIONAL FEE		RATE	ADDI- TIONAL FEE
Total / Minus 3	5.	x 9		OR	x 9	
Z Independent (D OFR (1899) 2 Minus -	\boldsymbol{p}	X 8 «		OR	x s	
PREST PRESENTATION OF KULTIPLE DEPENDENT CLAIM	+1 -		OR	+2		
810)	TOTAL ADD'L FEE		OR.	TOTAL ADDIL FEE		
EU (Column 1) (Column 2) (Column 3)						
CLAMS HIGH REMANING - NUMB AFTER PREVIO	HER PRESENT HUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	AODI- TIONAL FEE
AFTER PREVICE PREVIOUS PREVIOU	59.7	x 4		OR	X 5	
S purplement . S Wears		X \$=		OR	A 5 *	
FIRST PRESENTATION OF MALTIPLE DEPOSIDENT CLASM	+5=		OR	÷ <u> </u>		
				OR	ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. " If the "Highest Mumber Proviously Peld For" IN THIS SPACE is less than 20, enter "20".						
"I the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "Y. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.						

The "Righest Number Previously Paid For" (Total or independent) is the righest number tourned in the appropriate born in course 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fits (and by the USPTO to process) as application. Confidentiatity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and assimiliting the completed application form to the USPTO. There will very depending upon the trichricual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Comments, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TD: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.